

# BIRKENHEAD RETURNED AND SERVICES ASSOCIATION (INC)

## APPLICATION FOR MEMBERSHIP 2026 / 2027

Please complete the details below to ensure that we have the necessary information to process your application.

DATE	* PLEASE PRINT CLEARLY			MEMBER NUMBER (office use only)			
Mr//Mrs/Miss/Ms <small>(CIRCLE OPTION)</small>	FIRST NAME	* PLEASE PRINT CLEARLY		SURNAME	* PLEASE PRINT CLEARLY		
<b>SECTION 1 - *Type of Membership, please tick applicable box</b> <b>Full payment, including the administration fee (\$15.00) per person, due at the time of application</b>							
Youth (13yrs – 17 yrs)	\$20.00		Women's Section	\$35.00	Women's Section Over 80 years \$30.00		
Associate Under 65 years	\$70.00		Associate Over 65	\$65.00	Associate Over 80 years \$30.00		
Associate Couple Under 65 (per couple)	\$120.00		Associate Couple Over 65 (per couple)	\$110.00	Associate Couple Over 80 (per couple) \$60.00		
Assoc / Service Under 65	\$50.00		Assoc / Service Over 65	\$45.00	Assoc / Service Over 80 \$30.00		
Service Under 65	\$50.00		Service Over 65	\$45.00	Service Over 80 \$30.00		
Returned Under 65	\$50.00		Returned Over 65	\$45.00	Returned Over 80 \$30.00		
<b>* The membership fees include a \$10 maintenance fee</b> <b>*Associate</b> – Not a past or present member of the Armed Forces <b>*Service</b> – Past or present member of the Armed Services <b>* Returned</b> – Past or present member of the Armed Forces that has served in a Theatre of War							
<b>SECTION 2</b>							
DATE OF BIRTH	* PLEASE PRINT CLEARLY		PHONE HOME	* PLEASE PRINT CLEARLY			
PHONE BUSINESS	* PLEASE PRINT CLEARLY		MOBILE	* PLEASE PRINT CLEARLY			
EMAIL ADDRESS	* PLEASE PRINT CLEARLY						
STREET ADDRESS	* PLEASE PRINT CLEARLY		OCCUPATION	* PLEASE PRINT CLEARLY			
SUBURB	* PLEASE PRINT CLEARLY		HOW DID YOU HEAR ABOUT THE RSA?	* PLEASE PRINT CLEARLY			
CITY	* PLEASE PRINT CLEARLY	POSTCODE	NEXT OF KIN + PHONE (IN CASE OF EMERGENCY)	* PLEASE PRINT CLEARLY			
PLEASE TICK THE APPROPRIATE STATEMENT	<input type="checkbox"/> I am a New Zealand Citizen. <input type="checkbox"/> I am a permanent resident of New Zealand in terms of New Zealand immigration policy. <input type="checkbox"/> I am a citizen of a country belonging to the Commonwealth of Nations. (IF YOU ARE UNABLE TO TICK ONE OF THE ABOVE, YOU ARE INELIGIBLE TO APPLY ACCORDING TO RNZRSA POLICY.)						
<b>SECTION 3 (if applicable)</b>							
SERVICE NUMBER	RANK	UNIT	<input type="checkbox"/> AIRFORCE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> POLICE				
DATE ENLISTED	DATE DISCHARGED	THEATRES OF WAR					
<b>SECTION 4</b>							
I hereby accept and certify that the above information is true and correct, and I permit for the Birkenhead RSA to use it for RSA purposes. I have / have not been refused membership, suspended, or expelled from any other RSA or Chartered Club. (If YES, please give details.							
SIGNATURE							
FOR OFFICE USE ONLY	<input type="checkbox"/> BEPOZ	<input type="checkbox"/> RECEIPT	<input type="checkbox"/> APP LIST	<input type="checkbox"/> P/CARD	<input type="checkbox"/> NATIONAL CARD RQ/D	<input type="checkbox"/> WELCOME EMAIL	<input type="checkbox"/> B/DAY


## MEMBERSHIP APPLICANTS

Thank you for taking the time and interest to become a member of The Birkenhead Returned and Services Association.

**"Please forward the completed application form, together with the Subscription due, \$15.00 Administration Fee and \$ 10 Maintenance Fee to the club by hand or post to:"**

Birkenhead RSA  
P O Box 34 076  
Birkenhead  
NORTH SHORE CITY 0746

1. You will be advised by phone or e-mail whether your application has been accepted or declined. Providing there have been no objections, you will be contacted to collect your Membership card. **If you require your membership card to be posted, you will need to add \$3 in addition to your membership payment.**
2. The subscription year extends from the 01<sup>st</sup> of July through to the 30<sup>th</sup> of June each year.
3. If you have any questions, please do not hesitate to contact the office on (09) 418 2424.

  
Flemming Sudsgaard  
SECRETARY / MANAGER

**Please Note:** In accordance with Birkenhead Returned And Services Association (Inc.) Rule 11 (c), you are advised that your application will be displayed in the clubrooms for a period of 14 days, to allow for possible objections from current members. This is pointed out in compliance with the Privacy Act.

**FOR OFFICE USE ONLY:**

Administration fee received: \$..... by: ..... Date: ...../...../.....

Subscription fee received: \$..... by: ..... Date: ...../...../.....